

I state that the following itemizes the services performed and any fee, compensation, or other thing of value received by or agreed to be paid to the child placing agency or the Michigan Family Independence Agency for, or incidental to, the adoption of the child. (NOTE: If no fee, compensation, or other thing of value is paid or agreed to be paid, you must write "NONE" in the fee column.)

The child placing agency or Michigan Family Independence Agency has not requested or received any compensation for the activities described in MCL 710.54(2); MSA 27.3178(555.54)(2).

City, state, zip

Telephone no.

PCA 345 (9/97) STATEMENT OF SERVICES PERFORMED BY AGENCY/FAMILY INDEPENDENCE AGENCY